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CONFIRMATION NO. 4572

<b>SERIAL NUMBER</b> 10/664,371	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> JGPAT03a03US	
<b>APPLICANTS</b> Jorge L. Orbay, Miami, FL; <b>** CONTINUING DATA *****</b> OK. AR 1/7/07 This application is a CIP of 10/401,089 03/27/2003 PAT 6,866,665 <b>** FOREIGN APPLICATIONS *****</b> None. AR 1/7/07 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/08/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Amuradha Ramana</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 36822					
<b>TITLE</b> Anatomical distal radius fracture fixation plate and methods of using the same					
<b>FILING FEE RECEIVED</b> 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		